



## State of Maryland

### Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

#### BEHAVIORAL HEALTH COUNCIL WORK GROUP

**February 7, 2013**

#### Minutes

**ATTENDANCE: Joint Council** - Sarah Burns, Chair (by phone); T.E. Arthur, Coordinator; **State Drug and Alcohol Council (SDAAC)** - Kathleen O'Brien, Walden Sierra; Rebecca Hogemaier; **Staff** - Eugenia Conolly, ADAA; Robin Poponne, MHA; Greta Carter, MHA Office of Planning and Training

After introductions were made, a draft of the application for the State Planning Council National Learning Community Technical Assistance Project (updated from the version sent through previous emails) was disseminated to the group. The intent of this grant is to help planning councils transition to a Behavioral Health Planning Council through intensive technical assistance. As conveyed to the workgroup, this would be an ideal opportunity for this workgroup to receive TA in this area, given that Maryland's two Councils (Mental Health and Substance Use) have convened this Workgroup to create a Behavioral Health Council model.

The Workgroup members addressed the following topic areas within the grant:

- Local drug and alcohol abuse councils in all 24 jurisdictions
- Involvement of other pertinent agencies in the council integration process
- The importance of emphasizing the Workgroup task of bringing together two “cultures” as they combine the two councils
- Orientation and other information packets distributed by each council
- Using language that more strongly stated the purpose of combining councils and the pending combination of MHA and ADAA
- Importance of looking at additional best practices in states that have successfully developed behavioral health councils
- Strengthening the connection with state leadership and decision makers as the process to develop a behavioral health council is still in early stages

Recommended objectives and strategies are as follows:

- Objective 1: Develop planning strategies to create and sustain an integrated behavioral health council
  - Strategy 1: Further examination of existing models and best practices in the area of integrated behavioral health councils in other states including focus on membership/composition and committee structures

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c/o Mental Hygiene Administration

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**Healthy People in Healthy Communities**

- Strategy 2: Continual exploration/awareness of areas of agreement and common strengths between the Joint Council and the SDAAC; i.e. comparison of what already exists in Maryland to lay the groundwork for change
- Objective 2: Determine the best model of an integrated behavioral health council for Maryland
  - Strategy 1: Sharing ideas, model concepts with decision makers and leadership from DHMH, both councils/administrations, and local stakeholders to report on progress and solidify foundation for change
  - Strategy 2: Continuous enhancement of communication efforts – telecommunications/video conferencing; increase utilization of Web-based efforts
  - Strategy 3: Legislation review and revision to support the new integrated council
  - Strategy 4: Develop an Implementation Plan

It was agreed that a final draft of the grant application would be disseminated for final comment before the submission on February 14, 2013.